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ABSTRACT

Historically, it is believed that the American Indians have problems with alcohol which are disproportionate when compared with persons from other cultures. One of the purposes of this study was to attempt to identify individual and cultural differences in the use of alcohol which might exist between urban Indian, White, and Negro subcultures in Minneapolis. The data gathered from Municipal Court, the Minneapolis Department of Public Relief, Pioneer House Evaluation Center, and the Minneapolis Work House indicate that at least the aspect of drinking which comes to public attention exists disproportionately in the Minneapolis Indian population. Approximately 2% of the city's population is Indian, but of the average 156 drunk arrests per week in 1969, one-third were made on Indians. The document lists the cross-cultural comparisons in tabular form as well as recommendations to help solve the problem. (EJ)

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PROBLEMS WITH ALCOHOL AMONG URBAN INDIANS IN MINNEAPOLIS

by

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in coordination with
Office of Community Programs
Center for Urban and Regional Affairs

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Historically, a viewpoint has existed which holds that American Indians have problems with alcohol which are disproportionate when they are compared with persons from other cultures. Drinking problems of American Indians are believed to differ from those of other cultures in their severity, mode of manifestation, and response to traditional therapeutic methods. Historical evidence and contemporary studies of reservation drinking patterns indicate that both pathological and non-pathological drinking may represent a considerably different qualitative and quantitative phenomenon to Indian culture than it does to the dominant White society. One of the aims of this study is to attempt to identify individual or cultural differences in the use of alcohol which might exist between urban Indian, White, and Negro inter-city sub-cultures in Minneapolis.

It is obvious from data gathered from Municipal Court, the Minneapolis Department of Public Relief, Pioneer House Evaluation Center, and Minneapolis Workhouse, that problem drinking, or at least that aspect of it which comes to public attention, exists disproportionately in the Minneapolis Indian population. During the decade of greatest reservation-to-city migration (1959-1969), the Indian proportion of the Department of Public Relief case load increased from 3.5% of the total in 1959 to 5% of the total in 1964, to 11% of the total in February of 1969.[1] While accurate population figures are not available, most sources estimate a 1969 population figure for Minneapolis of 9,000 to 12,000 Indians. Using these estimates, approximately 2% of the Minneapolis population is Indian, so they were over-represented on the relief roles by a factor of approximately five.

During 1969, there was an average of 156 drunk arrests per week in Minneapolis Municipal Court. Approximately one third of these were Indians. Using even the most generous population estimates, this figure shows an over-representation by a factor of at least ten. While the 472 Indians who spent time in the Minneapolis Workhouse during 1969 represented 14% of the incarcerated individuals during the year, repeated commitments during the year raises the percentage of individual commitments to the Workhouse which

were Indians to approximately one third of the total.

Pioneer House Evaluation Center is a facility which is operated by the City of Minneapolis under the auspices of the Department of Public Relief, to assist male problem drinkers in reaching greater understanding of the scope and nature of their drinking problem. Persons are referred to the Evaluation Center from the Department of Relief, the court system, Minneapolis Workhouse, Alcoholics Anonymous, and many other sources. Admission is voluntary, so residents at the facility constitutes a self-admission of a serious drinking problem.

From its beginnings in October, 1967, through March, 1970, there were 1,550 total admissions to the Evaluation Center. Of these, 86 (5.5%) were Indian. According to the Indian counselor on the Evaluation Center staff, at the time of this report six of these 86 were actively attending Alcoholics Anonymous, and only one had been continuously sober since his stay at the Evaluation Center. It is possible, of course, that some of these with whom there has been no contact might be staying sober on their own.

Pioneer House is a treatment facility for male problem drinkers operated by the City of Minneapolis; and receives most of its referrals directly from the Evaluation Center, in addition to the other sources. This facility has consistently showed a high success ratio in working with problem drinkers (e.g. for the three year 1966-1967-1968, 46.8% of its discharged clients have remained sober since they were discharged from the facility, and an additional 17.2% relapsed but have recovered fully).[2] This facility admits to an almost total absence of success when working with Indian clientele. Counselor estimates of Indian clients who have achieved sobriety of any permanence through this facility range from one to six.

It is obvious, then, that a problem exists which is not being ameliorated by existing services. Indians are over-represented in Municipal drunk court by a factor of at least 10 and possibly as much as 20. They

constitute about one third of all admissions to the Workhouse for drinking connected offenses, and they represent 14% of all persons who are admitted to the Workhouse. They account for 5.5% of the admissions to Pioneer House Evaluation Center, which indicates that they do not enter treatment as frequently as Whites in comparison to the number of times their drinking problem is brought to public attention through the court process. They are critically under-represented in usual measures of therapeutic success.

Various theories have been advanced as to why these differences might exist. The oldest and, until recent decades probably the most widespread, was that American Indians had a genetic predisposition which caused them to react differently in a physiological manner to alcohol than persons of European background. This theory has fallen into disrepute in recent years, for two reasons: 1) lack of empirical evidence to support such a theory; 2) the prevailing social climate which makes speculation concerning any sort of real racial differences along variables having value connotations, such as intelligence or psychopathology, taboo. Obtaining any sort of identifiable differences would involve research far beyond the scope of this study, and may well be impossible, considering the degree of race mixing. However, the possibility of genetic difference as one contributing factor should be considered an open question rather than being dismissed so cavalierly.

Many researchers feel that a biological predisposition towards alcoholism exists in individuals of all races (witness the inability of "recovered"alcoholics to return to normal drinking even years after psychological or sociological pathology is no longer evident). Acceptance of any sort of theory of biological predisposition opens the way for the possibility that such a predisposition was genetically transmitted. Anthropologists usually estimate that the American Indian gene pool was isolated from 10,000 to 30,000 years, and it does not seem unreasonable to speculate that this gene pool could have provided the source for a population which responds differently to alcohol ingestion than other populations.

The psychological, cultural, and sociological theories, usually inter-related, are in vogue at the present time. A literature search turned up only a small number of studies geared to race differences in alcoholism. (see bibliography) and there is a glaring lack of hard data to support the theories presented in these various studies. We will examine and critique some of these theories in relation to the data that we have available in this study.

For purposes of this study, Indianness is primarily determined by the client, (i.e. a person is classified as Indian if he identifies himself as being Indian).

The Workhouse data are on persons who were committed to the Minneapolis Workhouse during 1969, and the individual tables are identified by the particular subgroup being analyzed.

The Pioneer House Evaluation Center data consist of information about 86 clients who identified themselves as Indians and were admitted to the facility from its opening in October 1967, until April 1970. A control group of 86 persons who were admitted to the facility during the same time period and who identified themselves as Caucasian was selected by taking every 15th entry over the same time period. When the 15th entry happened to be one of the previously selected Indian subjects, we advanced one admission number to select another individual. It happened that this procedure produced 86 individuals who identified themselves as Caucasian although black clients were not deliberately deleted. There have been approximately 20 black clients at the facility during this same time span.

Of these two groups, 32 Indians and 34 Whites had been registered at one time or another in the Minneapolis Vocational Guidance Service.[3] This is a non-random assortment, and they were seen by Vocational Guidance Service for various reasons. Some were referred by their Relief Department caseworker, prior to any identification as an alcoholic, for strictly vocational purposes. Some were referred by the Pioneer House Evaluation Center because of vocational problems or because of suspected psychological

problems, and some were tested as part of the rehabilitation program at the Minneapolis Workhouse during previous incarcerations. The vocational, psychological, and intelligence scores obtained on these subjects, therefore, must be viewed with this non-random assortment in mind.

Workhouse Data

In the following tables, data are presented which were gathered on the first commitment of each individual who served time in the Minneapolis Workhouse during 1969. The first commitment of the year, and the offense which lead to that first commitment, were utilized because the data gathered for the first commitment were most accessible. There are 2,655 persons in the White population, 472 persons in the Indian population, and 247 persons in the Negro population.

For the first set of tables, each racial group has been sub-divided into those who were arrested for addiction-connected offenses (drunkenness, liquor violation, minor in possession of alcohol, drunken driving, drug use, drug possession), and those who were arrested for offenses not connected with alcohol or drug use. While there are certain to be cases where an individual who would normally belong in the Drunk Offense group falls in the Other Offense group because his first offense for the year happened to be for some other offense, it is felt that generally speaking, the first offense for the year is indicative of the group in which the individual properly belongs.

Table 1
Residence

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Minneapolis less than 1 year	27.3	27.4	26.7
Minneapolis 1-5 years	22.7	23.0	22.3
Minneapolis over 5 years	46.6	47.8	45.0
Hennepin County--not Minneapolis	0.4	0.7	1.0
Minnesota--not Hennepin County	2.1	0.4	4.0
Out of State	0.4	0.4	0.5
Federal Transient	0.4	0.7	0.0

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Minneapolis less than 1 year	13.0	19.3	11.0
Minneapolis 1-5 years	22.7	15.8	24.7
Minneapolis over 5 years	59.9	59.6	60.0
Hennepin County-not Minneapolis	0.4	0.0	0.5
Minnesota-not Hennepin County	0.4	0.0	0.5
Out of State	2.0	1.8	2.1
Federal Transient	1.2	1.8	1.0

	White-All (N=2655)	White-Drunk Arrests (N-1016)	White-Other Arrests (N=1638)
Minneapolis less than 1 year	14.9	14.5	15.1
Minneapolis 1-5 years	15.7	15.5	15.9
Minneapolis over 5 years	61.9	63.8	60.7
Hennepin County-not Minneapolis	2.7	2.4	2.9
Minnesota-not Hennepin County	3.6	2.5	4.3
Out of State	0.5	0.6	0.4
Federal Transient	0.4	0.4	0.4

The data on residence show a somewhat unexpected similarity of residential stability in the Indian and White samples between persons who were arrested for drunk offenses and those who were arrested for other reasons. The similarity is somewhat unexpected because persons who are arrested for drunk offenses are often thought to be "transients." It is obvious from these data that this is not a proper term since, for instance, in the White sample, 63.8% of persons arrested for drunk offenses have lived in Minneapolis for over five years. The Negro data shows somewhat more transients in the Drunk Offense group with 19.3% of this group having lived in Minneapolis less than one year, compared to 11% of Negroes listed for other offenses.

Persons who are arrested frequently for drunk offenses often exhibit an unstable residential pattern, even though it is confined to the metropolitan area. When they are sentenced to the Workhouse, the rent often runs out during their incarceration, and they are forced to find new living facilities when they are discharged. When their drinking pattern causes economic difficulties, they often move from place to place as they are evicted for non-payment of rent. This high rate of intra-city residential

mobility may lead the casual observer to conclude that these persons are mobile over a greater geographical area, and this is what probably leads to their classification as "transients."

The 27.3% of the Indian sample who reported residence in Minneapolis for less than one year seems to be more indicative of the mobile life style of Minnesota Indians than it does of the particular group which served time in the Workhouse. This is evidenced by the similarity of the Drunk Arrest percentage with the Other Arrest percentage. Of applicants at the Minneapolis American Indian Employment Center between November, 1956 and April 1967, more than half had resided in the city for less than one year.[4] Of a door to door inner-city sample of the Minneapolis Indian population in 1968, 42% of the men interviewed had lived in the city for less than one year.[5] With 60.8% of the Indian drunks arrest group showing residence of over one year in Minneapolis, however, it is obvious that this is local and not a "transient" problem.

Table 2
Age

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Mean	35.0	39.0	29.0
SD	12.2	12.2	9.9
Median	33.0	38.0	27.0
	Negro-All (N=247)	**Negro-Drunk Arrests (N=57)**	**Negro-Other Arrests (N=190)**
Mean	33.0	40.0	31.0
SD	11.8	13.8	10.4
Median	30.0	41.5	28.0
	White-All (N=2655)	**White-Drunk Arrests (N=1016)**	**White-Other Arrests (N=1638)**
Mean	34.0	40.0	29.0
SD	15.2	17.4	11.7
Median	29.0	44.0	25.0

It seems to be the consensus among persons in the various helping disciplines that Indian problems with alcohol, or at least that portion of them which come to public attention, reach severe proportions at an earlier age than in any other racial group. From the Pioneer House Evaluation Center data, which we will examine later, it appears that the portion of the Indian problem drinking population which seeks help through traditional therapeutic avenues does constitute a younger age group than is the case with other races. However, in the Workhouse data, the mean ages of the drunk arrest groups are very close, although the Indian sample is much more closely grouped around the mean age of 39 than is the White sample. While the mean age for Indian drunk arrests is 39, compared to a mean age of 40 for the White drunk arrests, the median ages differ considerably more--the median age for Indian drunk arrests being 38, as compared to a median of 44 years for White drunk arrests.

When considering the differences in age distribution of these two groups, one must acknowledge the considerably shorter Indian life expectancy, which the United States Public Health Service estimated in 1968 as being 42 years, and also take into consideration the fact that reservation-to-city-and-back-again migration patterns may leave a disproportionate number of relatively employable Indians in the 20 to 50 age range in the city, while those less employable may spend more time on the reservation.

Table 3
Marital Status

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Single	53.0	52.2	54.0
Married	25.2	21.9	29.7
Separated	8.5	9.6	6.9
Divorced	9.8	11.5	7.4
Widowed	3.6	4.8	2.0

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Single	45.8	38.6	47.9
Married	37.7	29.8	40.0
Separated	8.5	8.8	8.9
Divorced	4.5	10.5	2.6
Widowed	3.2	12.3	0.5

	White-All (N=2655)	Negro-Drunk Arrests (N=1016)	Negro-Other Arrests (N=1638)
Single	49.4	47.4	50.7
Married	31.0	23.2	35.8
Separated	5.0	6.3	4.2
Divorced	13.0	19.9	8.6
Widowed	1.4	3.0	0.4

In the Marital Status data also, there do not appear to be really outstanding differences between the groups. The lower percentage of the Indian population in the Divorced category and higher representation in the Separated category when compared to the White population is a relationship which has appeared in every study we have seen of Minneapolis Indians. It may be that this is an economic artifact; i.e. separation is divorce to the poor man.

One hypothesis concerning differences between American Indian and White drinking patterns is that Indian wives do not regard drunkenness on the part of the husband as a disruptive factor in the marriage to the extent that wives do in the White culture. The slight difference between the two samples in the percentage who are Separated and Divorced (21.1% Indian, 26% White) lends slight but not very convincing support to this hypothesis.

Table 4
Dependents

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
None	64.4	68.9	58.4
Wife	6.4	5.2	7.9
Wife and Children	22.1	19.3	24.3
Children Only	6.6	5.9	7.4
Other	0.9	0.7	1.0
Unknown	0.4	0.0	1.0

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
None	51.9	57.9	50.0
Wife	6.9	7.0	6.8
Wife and Children	30.4	24.6	32.1
Children Only	8.1	7.0	8.4
Other	2.0	3.5	1.6
Unknown	0.8	0.0	1.0

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
None	60.8	66.4	57.3
Wife	9.0	8.6	9.3
Wife and Children	23.7	18.5	26.9
Children Only	5.7	6.0	5.6
Other	0.1	0.1	0.5
Unknown	0.3	0.4	0.3

The data on dependents indicates that persons who have no other dependents besides themselves are more likely to get arrested both for drunk arrests, and for other arrests than persons who have families dependent upon them. As indicated by the figures, this is more true of the Drunk Arrest group in all racial categories than of the Other Arrest group. However, even in the Other Arrest group there is a much lower proportion of men with a wife and family than one would expect from the general demographic pattern in the area.

There is some indication of greater social stability in the Other Arrest group, evidenced by a lower number of individuals and a higher number with wife and children, but not as great a difference as one might expect if he has become conditioned to the stereotype of the drunk arrest as an isolated, transient individual.

It is also interesting to note that the Negro prisoner is considerably more likely to be a family man than the White or Indian prisoner. This holds true in both arrest categories.

Table 5
Religion

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Catholic	55.3	53.3	57.9
Lutheran	14.8	14.1	15.8
Baptist	2.1	1.9	2.5
Methodist	3.0	3.7	2.0
Protestant-Other	12.1	11.5	12.9
Other	6.8	8.5	4.5
No Religion	4.9	5.6	4.0
Unknown	1.0	1.5	0.5

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Catholic	11.7	19.3	9.5
Lutheran	6.9	12.3	5.3
Baptist	49.0	40.4	51.6
Methodist	9.3	8.8	9.5
Protestant-Other	5.7	7.0	5.3
Other	4.5	3.5	4.7
No Religion	13.0	8.8	14.2
Unknown	0.0	0.0	0.0

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White Other Arrests (N=1638)
Catholic	33.0	32.9	33.0
Lutheran	42.0	42.5	41.6
Baptist	4.4	4.6	4.3
Methodist	5.0	5.3	4.9
Protestant-Other	7.0	7.6	6.6
Other	2.5	2.6	2.4
No Religion	5.5	3.7	6.7
Unknown	0.6	0.8	0.5

For each racial group, the religion data reveal religious preferences which one would expect from the general demographic pattern in this area. There do not appear to be any significant differences in the religious affiliations of persons arrested for drunk offenses and those arrested for other offenses except in the Negro sample where a considerably larger percentage of Catholics and Lutherans appeared in the Drunk Arrest category than appeared in the Other Arrest category. It would be interesting to speculate on the reasons for this. These religions might be construed as somewhat more authoritarian than the others listed here, and may be religions more prevalent in the northern U.S. than in the south, and these two factors suggest implications for possible psychological causes of alcoholism. However, we do not have the information or the methodology to pursue this line of investigation in this study.

Table 6
Education

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Less than 8th grade	11.7	17.0	4.5
8th grade	18.9	22.2	14.4
Attended high school but did not graduate	47.3	42.6	53.5
High school graduate	19.3	15.2	24.8
Business College	0.0	0.0	0.0
Trade School	0.4	0.0	1.0
Attended college	2.5	3.0	2.0
Graduated college	0.0	0.0	0.0
Unknown	0.0	0.0	0.0

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Less than 8th grade	10.9	15.8	9.5
8th grade	10.5	15.8	9.0
Attended high school but did not graduate	37.7	35.1	38.4
High school graduate	29.2	22.8	31.0
Business College	0.0	0.0	0.0
Trade School	0.4	1.8	0.0
Attended college	10.1	8.8	10.5
Graduated college	0.4	0.0	0.5
Unknown	0.8	0.0	1.0

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
Less than 8th grade	4.9	9.0	2.4
8th grade	14.9	22.0	10.5
Attended high school but did not graduate	34.1	29.9	36.7
High school graduate	34.8	28.9	38.5
Business College	0.3	0.4	0.2
Trade School	0.7	0.8	0.6
Attended college	8.3	6.9	9.1
Graduated college	1.5	1.9	1.3
Unknown	0.5	0.3	0.0

The education data show some differences which seem to be significant. The data on all prisoners show considerable differences between the educational attainment of the three racial groups. In all ethnic groups, a considerably larger portion of the Drunk Arrest group had only an eighth grade education or less. There could be several reasons for this. It is possible that education of these individuals was limited because of economic or cultural deprivation, that they were therefore less prepared to cope with later life problems, and that they turned to alcohol in an effort to alleviate the frustration caused by this deprivation.

It is also possible that this group has generally less intellectual ability than those who have not been arrested for drunk offenses, and, therefore, simply dropped out of the educational program at an earlier age.

It is also possible that this Drunk Arrest group is a population which exhibited social and psychological pathology at an early age and either dropped out of the educational system voluntarily or was forced out.

It is likely that it is a combination of these factors, although Vocational Guidance Service test scores on alcoholic clients in general indicate that low intellectual ability is not a general concomitant of alcohol problems.[6]

It is interesting to note that there is a considerable difference

in educational attainment between the Drunk Arrest group and Other Arrest group in the Indian sample, as other studies on Minneapolis Indians have shown virtually no differences in social variables when compared by educational group. For example, the relief client study showed only a very slight difference in need for public assistance between high school graduates and non-high school graduates.[7]

Table 7
Occupation

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Unskilled	65.0	70.7	57.4
Semi-Skilled	14.8	12.6	17.8
Skilled	14.6	13.0	16.8
Semi-Professional	0.6	0.7	0.5
Professional	0.0	0.0	0.0
Management	0.0	0.0	0.0
Clerical	0.0	0.0	0.0
Domestic Service	0.0	0.0	0.0
Building Service	0.0	0.0	0.0
None or Other	4.9	3.0	7.4

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Unskilled	51.4	52.6	51.1
Semi-Skilled	14.6	17.5	13.7
Skilled	18.2	22.8	16.8
Semi-Professional	4.1	0.0	5.3
Professional	0.4	0.0	0.5
Management	0.0	0.0	0.0
Clerical	2.8	0.0	3.7
Domestic Service	0.8	1.8	0.5
Building Service	0.0	0.0	0.0
None or Other	7.7	5.3	8.4

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
Unskilled	40.3	46.0	36.8
Semi-Skilled	20.8	19.1	21.9
Skilled	22.4	19.3	24.3
Semi-Professional	2.0	1.7	2.1
Professional	0.5	0.6	0.4
Management	1.1	0.7	1.3
Clerical	2.3	2.6	2.1
Domestic Service	0.9	1.1	0.8
Building Service	0.6	0.5	0.7
None or Other	9.2	8.5	9.6

The occupational data indicate that in both the Indian and White populations, Drunk Arrests are likely to come from lower skill categories than the Other Arrest group. In the Negro population, there is not such a clear cut difference in the two arrest categories.

The occupational breakdown shows that the Indian population has the greatest percentage in the unskilled category, with Negroes showing fewer persons in this category and Whites with the smallest representation in the unskilled category. The difference between the Indian and the Negro populations offers support for the theory that Negroes are more acculturated to White norms than the Indian population, because of their long history of close contact with the dominant White society, both during slavery and more recently, by concentration in urban areas.

Again, on these tables, the greatest deviation seems to be in the Negro population, where a somewhat larger portion of the Drunk Arrests fall into the skilled and semi-skilled categories than in the Other Arrest group. This contradicts the patterns shown in the other two ethnic groups.

Table 8
Number of Previous Admissions to Workhouse

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Mean	12.5	19.4	3.3
SD	30.5	38.4	7.5
Median	2.0	4.0	2.0
Mode	0.0	0.0	0.0
0-5	69.3	56.3	86.6
6-50	23.7	32.2	12.4
Over 50	7.0	11.5	1.0
	Negro-All (N=247)	**Negro-Drunk Arrests (N=57)**	**Negro-Other Arrests (N=190)**
Mean	3.9	11.9	1.6
SD	14.1	26.5	5.1
Median	0.0	1.0	0.0
Mode	0.0	0.0	0.0
0-5	88.7	66.7	94.7
6-50	9.3	26.3	4.8
Over 50	2.0	7.0	0.5

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
Mean	3.65	7.8	0.9
SD	14.4	22.1	2.8
Median	0.0	1.0	0.0
Mode	0.0	0.0	0.0
0-5	88.8	76.6	96.5
6-50	9.7	19.6	3.5
Over 50	1.5	3.8	0.0

The data on number of previous admissions show the Indian group to have a recidivism rate which is greater than the rate for the other two racial groups by a factor of more than three. The average Indian drunk arrest prisoner has had more than twice as many previous arrests as the White drunk arrest prisoner, and nearly twice as many as the average Negro drunk arrest prisoner. There is also a disproportionately large number of Indians represented in recidivists who have been committed to the Workhouse over 50 times.

It is interesting to note that there is also a considerable over-representation of Indians as recidivists in the Other Arrest category. It appears that, whether because of behavior patterns, visibility, or police bias, Indians simply get arrested a great deal more often than do persons from the other two major racial groups in Minneapolis.

Table 9
Sentences (# of days)

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Mean	29.0	15.0	47.8
SD	46.5	24.2	60.5
Median	12.0	10.0	30.0
Mode	10.0	10.0	30.0
0-5	17.6	20.0	14.4
6-10	28.6	42.6	11.9
11-15	12.3	18.5	4.0
16-30	23.9	16.3	34.2
31-60	6.2	0.8	13.3
61-90	9.7	1.5	20.8
Over 90	1.7	0.4	3.5

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Mean	49.3	18.8	58.4
SD	59.9	19.4	64.8
Median	30.0	10.0	30.0
Mode	30.0	10.0	30.0
0-5	11.7	15.8	10.5
6-10	13.0	36.8	5.8
11-15	11.7	17.5	2.1
16-30	33.6	23.1	36.9
31-60	10.5	1.8	13.1
61-90	20.6	5.2	25.3
Over 90	4.9	0.0	6.3

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
Mean	40.5	23.7	50.6
SD	57.8	36.4	64.3
Median	30.0	12.0	30.0
Mode	30.0	10.0	30.0
0-5	11.9	16.7	8.8
6-10	17.2	32.0	8.2
11-15	6.8	11.8	3.7
16-30	39.6	29.5	45.9
31-60	8.2	4.0	10.7
61-90	13.4	4.9	18.7
Over 90	2.9	1.1	4.0

Table 9 indicates the length of sentence in number of days for which each prisoner was sentenced to the Workhouse. It does not indicate the number of days the prisoner actually served before he was released. This will be examined in another table.

There is considerable difference across racial groups in the average number of days sentenced with the average sentence for Indians being 29.0 days, for Negroes, 49.3, and for Whites, 40.5. These differences, however, are less meaningful than those which occur between racial groups in the same category of offenses. In that instance we still have some differences, but they are not as broad and could possibly be explained by factors other than race.

The Indian Drunk Arrest group was sentenced to an average of 15 days, the Negro Drunk Arrest group to an average of 18.8 days, and the White Drunk Arrest group to an average of 23.7 days. The short sentence (5-15 days) is often used by the court system as a detoxification procedure or as an alternative to sending a homeless drunk back on the street in poorer condition than when he was arrested. This is necessary because of the appalling lack of medical facilities for the suffering alcoholic in Minneapolis. If, as it appears to those who have worked with these persons, a greater percentage of Indians appear in court who seem to be in need of this detoxification procedure, there will be a greater proportion of the Indian sample receiving these short detoxification sentences. As can be noted from the tables, 81.1% of the Indian Drunk Arrest sample were committed for these short sentences, compared with 70.1% of the Negroes and 60.5% of the Whites. It is possible, although we do not have the data to prove this, that many Negro and White Drunk Arrest persons who appeared in court had a greater ability to pay cash fines or were able to make use of other rehabilitation or detoxification facilities, thus avoiding the short sentences. This could leave a group whose offenses either were more involved, or who displayed such an obstinate attitude toward their drinking problems that the screening committee or the judge decided that a longer, more punitive sentence might be therapeutic. This is speculation, and we do not have courtroom data to support it. However, experience with the Court Screening Committee would indicate that this is a likely reason for the differences in the length of sentence between ethnic groups.[8]

It is also noteworthy that the Negro Other Arrest group received longer sentences more frequently than did the other two ethnic groups.

Table 10
Time Served

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Mean	15.7	10.4	22.9
SD	17.9	7.4	24.3
Median	9.0	9.0	13.0

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Mean	22.9	10.1	26.7
SD	27.1	15.5	31.7
Median	12.0	9.0	15.0

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
Mean	19.4	13.0	23.4
SD	27.1	15.5	31.7
Median	9.0	9.0	14.0

Table 11
Reason for Discharge

	Indian-All (N=472)	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)
Sentence Completed	67.8	80.4	51.0
Parole	10.6	6.3	16.3
Sentence Suspended	8.9	8.5	9.4
Fine Paid	2.3	0.7	4.5
Escape	0.6	0.4	1.0
Breach of Trust	3.6	1.5	6.4
Escape from HCGH	0.0	0.0	0.0
Death	0.0	0.0	0.0
Modified to Huber	2.1	0.7	4.0
Other	4.0	1.5	7.4

	Negro-All (N=247)	Negro-Drunk Arrests (N=57)	Negro-Other Arrests (N=190)
Sentence Completed	48.6	68.4	42.6
Parole	18.6	10.5	21.1
Sentence Suspended	15.4	12.3	16.3
Fine Paid	1.2	1.8	1.1
Escape	0.8	0.0	1.1
Breach of Trust	4.9	3.5	5.3
Escape from HCGH	0.4	0.0	0.5
Death	0.0	0.0	0.0
Modified to Huber	3.2	1.8	3.7
Other	6.9	1.8	8.4

	White-All (N=2655)	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)
Sentence Completed	51.8	63.4	44.6
Parole	21.2	16.9	23.8
Sentence Suspended	13.9	11.9	15.2
Fine Paid	2.5	2.6	2.4
Escape	0.4	0.3	0.4
Breach of Trust	2.7	1.0	3.7
Escape from HCGH	0.04	0.0	0.06
Death	0.08	0.0	0.1
Modified to Huber	2.1	0.9	2.9
Other	5.4	3.1	6.8

The data in Table 10 indicate the number of days actually served by individuals in the various arrest categories. These data indicate that the Indian Drunk Arrests serve approximately 67% of the time to which they were sentenced, Negroes serve approximately 52% of the total time to which they were sentenced, and White Drunk Arrests served approximately 55% of the amount of time to which they were sentenced.

Table 11 puts these figures in somewhat clearer perspective. In Table 11 we see that a considerably higher percentage of Indians than Whites served their complete sentences and that a considerably smaller percentage of the Indian group were paroled or had their sentence suspended. This could be because a greater portion of the White and Negro populations were able to obtain legal help to shorten their period of incarceration. It could also be that the White and Negro populations have greater experience with, and are more adept at, bureaucratic manipulation to obtain early release. Some of this disparity might be due to the short "detoxification" sentences, although it seems significant that the disparity carries over into the Other Arrest category. In that category, 25.7% of the Indian prisoners either were paroled or were receiving suspended sentences, as opposed to 37.4% of the Negro sample and 39% of the White sample. It appears, that for whatever reason, an Indian prisoner is much more likely to serve out his complete sentence in the Workhouse than is a member of the two other ethnic groups.

The Pioneer House Evaluation Center Samples

The Pioneer House Evaluation Center sample was obtained by gathering information about all Indians who had entered this facility since its inception in October of 1967 until April 1, 1970. There were a total of 86 persons who classified themselves as Indian. A control group was constituted by selecting each 15th admission to the Evaluation Center, providing a total of 86 persons who classified themselves as Caucasian, and who were admitted to the facility over the same time span. No attempt was made to match the samples on other variables such as age, job classification, etc.

Since admission to the Pioneer House Evaluation Center is voluntary, and its sole reason for existence is evaluation and referral for alcoholic rehabilitation, admission to the facility constitutes a self-evaluation as an alcoholic.

The facility exists for the purpose of helping an individual to evaluate more clearly the scope and nature of his drinking problem and, with the guidance of the counselors, to select a rehabilitation facility which is most likely to provide the particular type of rehabilitation that he needs. To give some indication of the types of referral that are made, the first 790 entries from October 16, 1967 through January 1, 1969 were referred as follows:

Pioneer House	204
Mission Farms	63
Halfway Houses	42
Department of Public Relief	30
Own Home	263
Willmar State Hospital	41
Other	26
Left against staff advice	121

The ordinary procedure is for an individual to spend approximately 7 days at this facility. During this time, in addition to the evaluative process, he is exposed to lectures and class instruction on alcoholism, and he has the opportunity for individual counseling with staff members.

Table 12
Pioneer House Evaluation Center Clients
Age

Indians (N=86)		Whites (N=86)	
Median	36.5	Median	43.0
Mean	34.4	Mean	42.0

The age data show the Indian sample to be considerably different from the White sample, a difference which was not so clear cut in the Workhouse Drunk Arrest data. The mean age of Indians seeking help at the Evaluation Center was 34.4, which is 4.6 years lower than the mean age of the Workhouse Drunk Arrest group. The median age is 36.5, which is 1.5 years younger that the Workhouse group. Comparable statistics for Whites showed the mean age of the Evaluation Center group to be 2 years older than the Drunk Arrest group from the Workhouse, and the median age to be one year younger.

This indicates that, for some reason, Indians seeking treatment are considerably younger than Whites seeking treatment. This age difference is not so apparent in members of both racial groups who are having trouble with alcohol in ways which come to public attention, such as commitment to the Workhouse. There could be a number of reasons for the age difference in the treatment group: 1) Indians could be reaching that stage of pathological drinking which precipitates a plea for help at an earlier age than their White counterparts; 2) this could be a by-product of arrest patterns (i.e. Indians are being arrested in numbers disproportionate to their representation in the population, and they are being channeled into the court system, where they are more firmly confronted with the dimensions of their drinking problem and exposed to various pressures to seek help at an earlier age); 3) the age difference could be a function of the shorter life span of the Indian in comparison to the White population (i.e. Indian alcoholics simply do not live long enough to raise the age level of the distribution to that of the White sample); 4) Indians may become aware of the serious implications of their drinking pattern at an earlier age, and thus seek help when they are younger; 5) drinking pathology progresses at the same

rate of speed as it does in the White population, but Indians start drinking at an earlier age, thus reaching a pathological state at a younger age; and 6) referral sources such as the Workhouse, Alcoholics Anonymous, etc., are so pessimistic about the possibilities of rehabilitating the older Indian alcoholic that he is rarely referred to a helping agency such as Pioneer House Evaluation Center.

There are no data to support or disconfirm any of these contentions. Many Indian clients have remarked that they, and other Indian people started drinking heavily at a very young age, often from ages 11 to 15. Many workers reach a point with alcoholic clients of all races where the man has failed at so many rehabilitation services that it is felt to be a waste of time to refer him any further, and certainly there is a possibility that this attitude is more widely held with Indian clients than with Whites.

Table 13
Pioneer House Evaluation Center Clients
Educational Attainment

Indian (N=86)		White (N=86)	
Median	10.5	Median	11.0
Mode	12.0	Mode	12.0
Mean	10.14	Mean	10.7

These data show that 30.2% of the Evaluation Center Indians had an education of eighth grade or less, compared with 39.2% who showed this low educational attainment among the Workhouse Drunk Arrest group. On the other hand, 40.7% of the Evaluation Center Indians had completed high school, or had attended trade school. This is much higher educational attainment than either of the Indian Arrest groups in the Workhouse sample. Only 22.2% of the Indian Workhouse population had attained a high school diploma or beyond.

In the White Evaluation Center sample, 25.3% show an education of eighth grade or less, 48.8% had completed high school or attended trade school, also a much higher attainment level than the comparable Workhouse sample. It may be that more education leads to greater awareness of the

possibility for help. It is also conceivable that greater educational attainment could be associated with more severe drinking problems. (This hypothesis would assume that severity of the drinking problem was one of the factors which motivated the Evaluation Center group to seek help, in contrast with the Workhouse Drunk Arrest group who did not seek help). In order to test this hypothesis, an attempt would have to be made to quantify the severity of the drinking problem.

If severity is a factor in motivating the Evaluation Center group to seek help, then these educational data might lend support to the hypothesis that cultural conflict is one of the causes of Indian alcoholism. If education in White schools is largely a process of cultural indoctrination, then as Indians achieve more educationally, they may be more frequently confronted with choices between White and Indian values.

These educational data also would lend support to the hypothesis that the Evaluation Center group represents a portion of the Indian population which is more oriented towards White middle class values. If this is the case, we would expect greater disparities between the Indian Workhouse Arrest group and the White Workhouse Arrest group, and greater congruence between the White and Indian groups from the Evaluation Center. This is true of educational attainment data but is not true of data on other variables.

Table 14
Marital Status - Workhouse vs. Evaluation Center

	Indian-Drunk Arrests (N=270)	Indian-Other Arrests (N=202)	Evaluation Center Indians (N=86)
Single	52.2	54.0	45.3
Married	21.9	29.7	18.6
Separated	9.6	6.9	15.1
Divorced	11.5	7.4	16.3
Widowed	4.8	2.0	4.6

	White-Drunk Arrests (N=1016)	White-Other Arrests (N=1638)	Evaluation Center Indians (N=86)
Single	47.4	50.7	22.1
Married	23.2	35.8	33.7
Separated	6.3	4.2	17.4
Divorced	19.9	8.6	24.4
Widowed	3.0	0.4	2.3

The marital status data show considerable differences between the Pioneer House Evaluation Center groups and the Workhouse groups. The Evaluation Center Indians have a lower percentage in the single and married categories than do the Workhouse Indian Drunk Arrests, and a considerably higher proportion in the separated and divorced categories. This could indicate that a disruption of the family provided a motivation to seek help, or it could indicate that Indian alcoholics, even though confronted with their problem through the court process, do not seek help until many socially supportive factors, such as marriage, have been lost.

The White Evaluation Center group is greatly different from the Workhouse White Drunk Arrest group. The percentage of single persons is less than half of that found in the Drunk Arrest group, while the percentage who are married is considerably larger. In the Evaluation Center sample there are more persons in the separated and divorced categories.

The Pioneer House Evaluation Center data indicate that, for some reason, Indian problem drinkers who are single seem more likely to seek help for their problems than white problem drinkers who are single. This does not seem to be an artifact of the marital status distribution of the entire group. It may be that the Indian problem drinker is more motivated to seek help because of internalized values or peer group influence while the White problem drinker is more susceptible to family pressure.

Table 15
Pioneer House Evaluation Center Clients
Veteran's Status

Indians (N=86)		Whites (N=86)	
Yes	37	Yes	49
No	48	No	37
Unknown	1		

The White Evaluation Center client is more likely to be a veteran than not, while the opposite is true for the Indian Evaluation Center client. This is different from the relationships found in the skid row study.[9]

Table 16
Pioneer House Evaluation Center Clients

Occupation (N=86)	Indians	Whites
Unskilled	54.7%	26.8%
Semi-skilled	26.8	33.7
Trades	15.1	25.5
Sales	0.9	5.8
Clerical	0.9	5.8

As can be seen by comparing this occupational classification with similar data from the Workhouse group, a considerably higher skill level is represented in both racial groups from Pioneer House Evaluation Center than is indicated by the Workhouse groups. The differences are broad enough to indicate that socio-economic status has some bearing on the likelihood that the problem drinker will seek treatment.

It is possible that the general life style and peer group influence of the more skilled worker makes his pathological drinking more unacceptable, and thus pressures him to seek help. The occupational data on the Evaluation Center group also would lend support, along with the educational data, to the hypothesis of cultural conflict as a causative factor. That is, the Indian who has educationally and occupationally achieved, is more frequently thrown into situations which demand a choice between White and Indian values. It is also possible, since the same factor seems to be operative in both racial groups, that the higher occupational attainment in the treatment group is a phenomenon of the White middle class orientation of treatment programs. Since treatment programs seem to be geared primarily to White middle class values, it is possible that they are more likely to attract only those Indian clients who, through occupational and educational achievement, are more acculturated to the dominant white society. If this were so, it could explain why current treatment programs have failed so miserably with the urban Indian population, which largely falls within the lower socio-economic levels.

Table 17
Pioneer House Evaluation Center Whites and Indians
According to Referral Source

(N=86)

	Indians	Whites
Department of Public Relief	2	0
Pioneer House Downtown Admissions Office	12	20
Workhouse	50	24
Screening Committee	4	6
Probation Office	13	13
General Hospital	1	3
Alcoholics Anonymous	4	20

Table 18
Previous Institutionalization

(N=86)

	Indians	Whites
None	47	39
Pioneer House	16	23
State Hospital	13	22
Veterans Hospital	3	2
Other	7	0

Table 19
Pioneer House Evaluation Center Clients
Previous Exposure to Alcoholics Anonymous

(N=86)

	Indians	Whites
Yes	33	57
No	53	29

Table 20
Referrals of
Pioneer House Evaluation Center Clients

(N=86)

	Indians	Whites
Pioneer House	20	29
Mission Farm	10	8
Workhouse	1	1
NuWay House	0	1

Table 20
(continued)

	Indians	Whites
Fellowship Club	0	0
Veterans Hospital	0	0
Harbor Lights	3	0
House of Charity	0	0
Door of Hope	0	2
Salvation Army	0	0
Department of Public Relief	1	2
Hennepin County Welfare	0	0
Vocational Guidance Service	0	1
Alcoholics Anonymous	0	0
Willmar State Hospital	6	2
Own Home	13	23
Other	2	1
AWOL	28	16
Indian Guest House	2	0

Tables 17 through 20 clearly indicate that there is considerable difference in the ways that Indian and White clients are confronted with their problems, and that there are differences in their respective referral agencies. As Table 17 shows, more than twice as large a percentage of the Indian group compared to the White group were referred to the Evaluation Center from the Workhouse. This can be accounted for, of course, by the fact that Indians are arrested at a proportionately higher rate than Whites. Perhaps, though, if the other agencies were functioning more effectively in helping the Indian problem drinkers, these men would have been referred through a helping agency before reaching the Workhouse.

The disparity in referrals from Alcoholics Anonymous coincides with Table 19 which indicates that, while about two thirds of the White Evaluation Center clients had been exposed to A.A. prior to admission, only about one third of the Indian sample had such exposure. Since A.A. does not seem to be an effective method of maintaining sobriety for most Indian clients, this difference would not be so important except for the fact that A.A. groups are usually aware of available treatment modalities and are experts in the techniques of extracting the maximum benefit from them. This expertise thus is not being made available to the Indian problem drinker as often as it is

being made available to the White problem drinker. Table 18 confirms some of the above observations. Indians, although they have been arrested more frequently, and although they admit to having a drinking problem for nearly the same number of years, have not been exposed to previous treatment as often as the White clents.

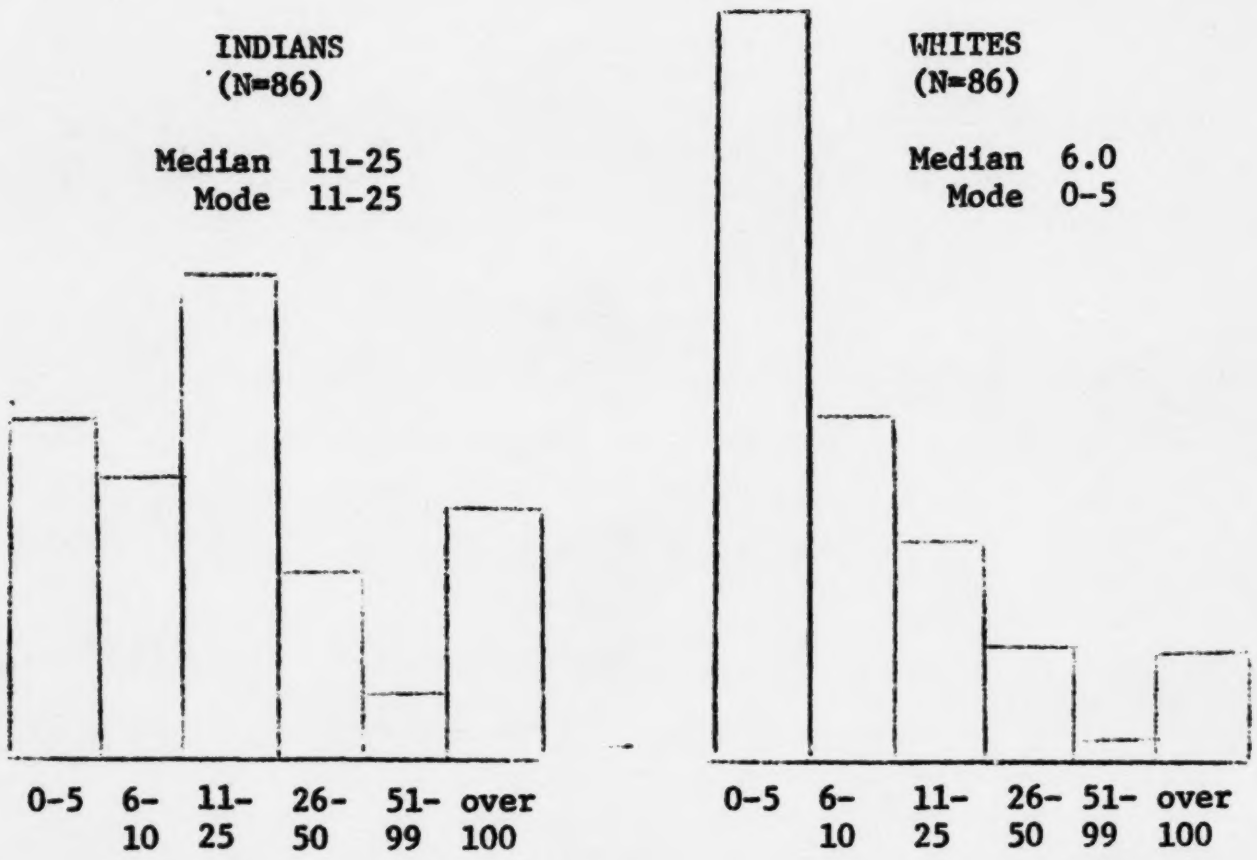
The greatest differences between the two racial groups in Table 20 are among those who were discharged to their own home and those who left against staff advice.(AWOL) In one sense, these two categories are quite similar. An Evaluation Center client who stays the full seven days, but who is unwilling to go on to further treatment as recommended by the staff, then is usually discharged to his own home. A person is classified AWOL if he leaves without staff permission before the seven days are completed. A considerably larger proportion of the Indian clientele leaves under these conditions.

There could be several reasons for the greater Indian AWOL rate: 1) it could be an indication of less genuine desire to see the treatment program through; 2) it could be an indication of a cultural behavior pattern of avoidance or passive withdrawal when confronted with problems; 3) it could be the result of dissatisfaction caused by real or imagined discrimination on the part of the staff; 4) it could be the result of alienation because the client is the only Indian in a large group of Whites- [this does not seem too likely since several of the AWOL's were instances where two Indian guests (in one case, three), left together]; 5) it could be that the Indian client finds the particular rehabilitation program so irrelevant to his own culture that he leaves because of lack of interest; and 6) it may be a result of peer group pressure arising from persons who have come to visit a client at the Evaluation Center and who have talked him into leaving with them. This appears to happen fairly frequently.

Felony on Record

	Indians	Whites
Yes	26	17
No	60	69

Table 21
Pioneer House Evaluation Center Clients
Number of Arrests

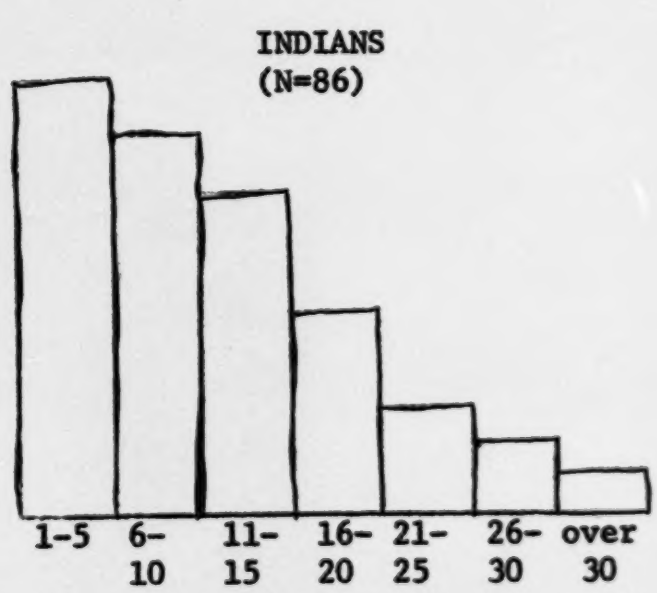


The fact that Indians are arrested more frequently than Whites is illustrated clearly in Table 21. The average Indian Evaluation Center client is younger than the average White Evaluation Center client, and admits to a shorter period of problem drinking. Yet the median and modal number of arrests is considerably higher than for the White group. This is a more significant difference than the corresponding difference in the Workhouse data on previous admissions, since with the two Evaluation groups, there is no doubt that the individuals concerned have a drinking problem which has progressed to a state of considerable severity.

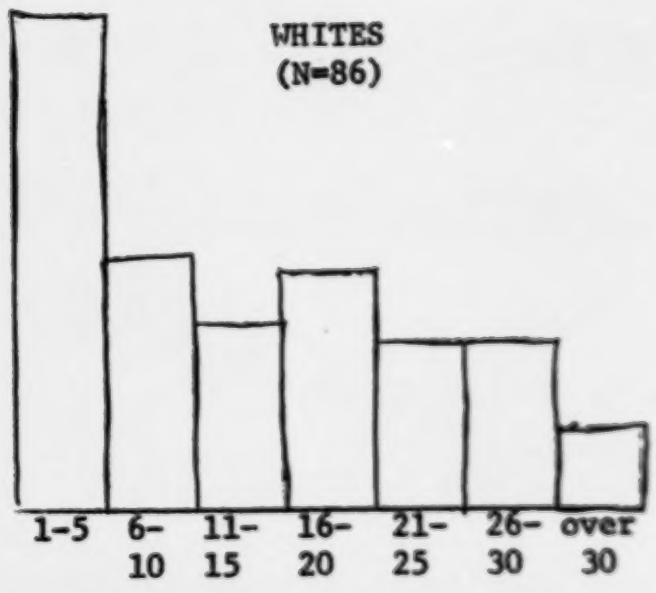
Since these data were gathered upon the first admission of these persons to the Evaluation Center, it indicates that the Indian client has been through the court system more frequently than the White client, thereby being confronted with his drinking problem oftener before either taking the initiative, or being steered by helping agencies into a treatment situation. Perhaps these Indian people could be more effectively helped by either guiding them or pressuring them into treatment facilities at an earlier date, rather than simply incarcerating them.

The felony information, which shows that a considerably higher portion of the Indian clientele have felony records, is not surprising within context of the overall arrest picture. It may be that Indians, who are arrested more frequently for all offenses, are more easily identified or are more readily located when they are involved in more serious crimes.

Table 22
Pioneer House Evaluation Center Clients
Number of Years With Drinking Problem



Median 11-15
Mode 1-5
Mean 12.1



Median 11-15
Mode 1-5
Mean 14.4

The estimate of the number of years that drinking has been a problem was obtained by accepting the client's own report.

The data provided by the Indian clients provide the sort of distribution one would expect if the disease of alcoholism progressed at a steady rate. The White sample is not so uniform.

It is difficult to draw any conclusions from the disparity between these two distributions, but if cultural conflict and role identification were two of the causative factors of alcoholism, one might expect a distribution of this sort. That is, the minority culture would be under a fairly constant amount of cultural or role identification stress throughout the life span, while the dominant majority culture would be subject to the types of stresses that are likely to occur at different times in the life cycle. These data then, might be used to show support for the cultural conflict theory.

Pioneer House Evaluation Center/Vocational Guidance Service Clients

Occasionally, Pioneer House Evaluation Center Clients are referred to Vocational Guidance Service for either vocational or psychological testing, or both. The persons who are referred for this testing are selected by the Evaluation Center counselors according to an indicated need. This may be because they have an obvious vocational problem, occasionally it is because they have expressed an interest in vocational evaluation and counseling, and sometimes it is because the Evaluation Center counselors suspect psychological dysfunctioning to a degree which precludes benefit from Evaluation Center therapy. It is made clear to the client that vocational or psychological testing is voluntary, and that he may refuse these tests if he chooses.

The samples in this section are therefore non-random samples and no valid parameters can be drawn from the data. Observations and hypotheses concerning these data must be considered with these factors in mind.

Table 23
Pioneer House Evaluation Center--
Vocational Guidance Service Clients

Number in Household

Indians (N=32)	Whites (N=34)
1 = 20	1 = 21
2 = 1	2 = 2
3 = 0	3 = 3
4 = 2	4 = 1
5 = 5	5 = 2
6 = 3	6 = 2
7 = 0	7 = 1
8 = 1	8 = 1
9 = 0	9 = 1
Median = 1	Median = 1
Mean = 2.53	Mean = 2.47

Table 24
Union Membership

Indians	Whites
Yes = 5	Yes = 9
No = 27	No = 25

Table 25
Pioneer House Evaluation Center--
Vocational Guidance Service Clients

Army General Classification Test Scores

	Indians (N=21)	Whites (n=14)
Median	112.0	118.5
Mean	106.5	113.9
Range	71-134	68-139

The Army General Classification Test scores, while showing the White sample as somewhat higher than the Indian sample, places both groups considerably above the norm group mean of 100. This test has been standardized on persons entering the armed services, and the norm group is national in composition. It has been the experience of Vocational Guidance service that alcoholics of all races seeking treatment at Pioneer House or the Pioneer House Evaluation Center consistently score higher on this test than the norm group mean of 100.

It is sometimes noted by persons administering performance and aptitude tests, that Indians tend to score lower than Whites in timed tests. I have not seen the results of any studies designed to prove or disprove this contention. These data, together with the general aptitude test battery scores which are presented in the next table, would be congruent with that hypothesis. The Army General Classification Test is a timed test in which forty minutes is allowed for the individual to complete as much of the test as possible. The General Aptitude Test Battery is a measurement with a group of subtests which are individually timed. The individual is usually much more aware of the time pressure in this measurement than he is on the Army General Classification Test. In our two sets of scores, there is a great deal more difference between White and Indian scores on the GATB, and this would be expected if the hypothesis concerning timed tests were confirmed.

Table 26
Pioneer House Evaluation Center--
Vocational Guidance Service Clients
General Aptitude Test Battery Scores

	Indian (N=11)			White (N=8)		
	Mean	Median	Range	Mean	Median	Range
General Intelligence	84.1	81	55-106	100.6	103	78-126
Verbal Aptitude	88.1	90	68-109	98.5	101	80-115
Numerical Aptitude	78.6	80	42-107	94.0	96.5	78-105
Spatial Aptitude	98.3	104	61-130	112.5	110.5	74-169
Form Perception	90.1	92	59-127	101.8	98.5	79-128
Clerical Perception	93.6	93	76-119	105.4	104	98-120
Motor Coordination	79.4	78	58-132	75.0	80.5	64-130
Finger Dexterity	82.4	80	41-118	86.0	83.5	56-127
Manual Dexterity	81.5	78	42-117	91.6	78.5	59-143

It is interesting to note that, even though there is considerable difference in the level of scores, the aptitude profiles of both Indians and Whites are quite similar with both groups scoring highest in spatial aptitude, followed by clerical perception, form perception, and verbal ability, in that order.

From my vocational counseling experience, I have noted that spatial aptitude is the most frequent highest aptitude among Indians, both alcoholic and non-alcoholic. It was somewhat surprising to find that in this distribution it was also the highest aptitude, by quite a large margin, for the White alcoholic sample. It may be that those theorists who believe that alcoholics are strongly field dependent persons could use this evidence as support for their theory.[10]

This paper is not the proper forum to argue the cultural bias of aptitude tests. If these samples are representative of their larger groups, it appears that the Indian client would be at a disadvantage in seeking employment by his inability to score high on these particular measurements, since they are measurements which are widely used in selecting employees (especially the GATB, which is widely used in State employment services for general evaluation of the client's abilities.)

The following three pages contain the Minnesota Multiphasic Personality Inventory profiles. These profiles show sufficient similarity that they do not support any theories of strong psychological differences between Indian and White alcoholics.

One of the hypotheses concerning the Indian personality in general is that control of behavior is effected within the Indian culture by shame and peer group influence rather than by internalized authoritarian values and guilt, as it is supposedly effected within the White culture. Much higher elevations on scales 2 and 7 in the White sample than in the Indian sample would have lent support to this hypothesis, but they did not appear.

The fact that the entire clinical profile is more elevated for the

The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Charnley McKinley

Scorer's Initials_____

M
Male

Name_____ —

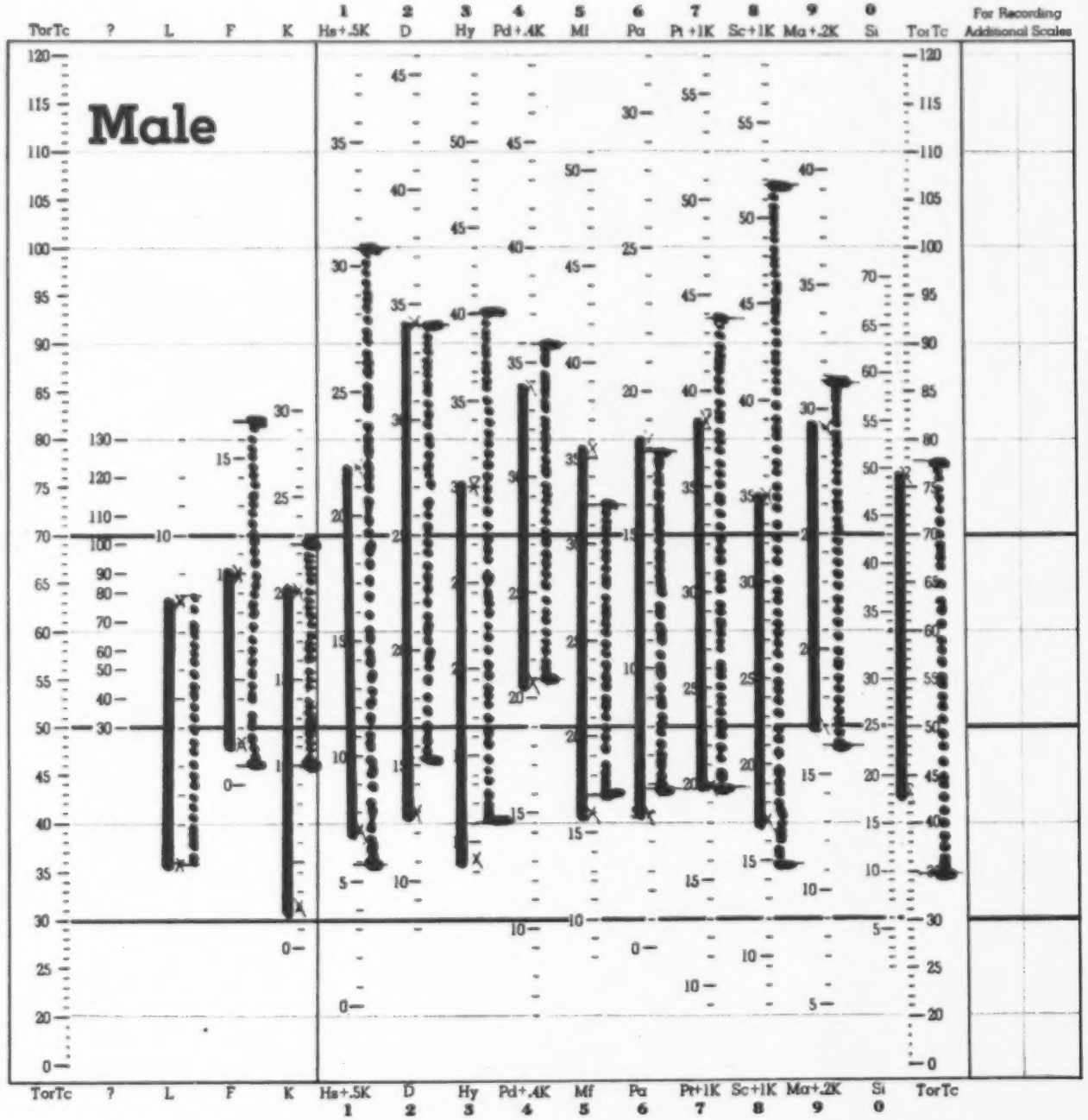
Address_____

Occupation_____ Date Tested_____

Education_____ Age_____

Marital Status_____ Referred by_____

NOTES



Fractions of K			
K	.5	.4	.2
30	15	12	6
29	15	12	6
28	14	11	6
27	14	11	5
26	13	10	5
25	13	10	5
24	12	10	5
23	12	9	5
22	11	9	4
21	11	8	4
20	10	8	4
19	10	8	4
18	9	7	4
17	9	7	3
16	8	6	3
15	8	6	3
14	7	6	3
13	7	5	3
12	6	5	2
11	6	4	2
10	5	4	2
9	5	4	2
8	4	3	2
7	4	3	1
6	3	2	1
5	3	2	1
4	2	2	1
3	2	2	1
2	1	1	0
1	1	1	0
0	0	0	0

INDIAN ———— N= 33

WHITE ..... N= 32

RANGE ON VARIABLE

	TorTc	?	L	F	K	Hs+.5K 1	D 2	Hy 3	Pd+.4K 4	Mf 5	Pa 6	Pt+1K 7	Sc+1K 8	Ma+.2K 9	Si 0	TorTc		
Raw Score	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
K to be added						—			—			—	—	—		—	—	
Raw Score with K						—			—			—	—	—		—	—	

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Signature_____ Date_____

Profile and Case Summary

The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Charnley McKinley

Scorer's Initials_____

M
Male

Name_____

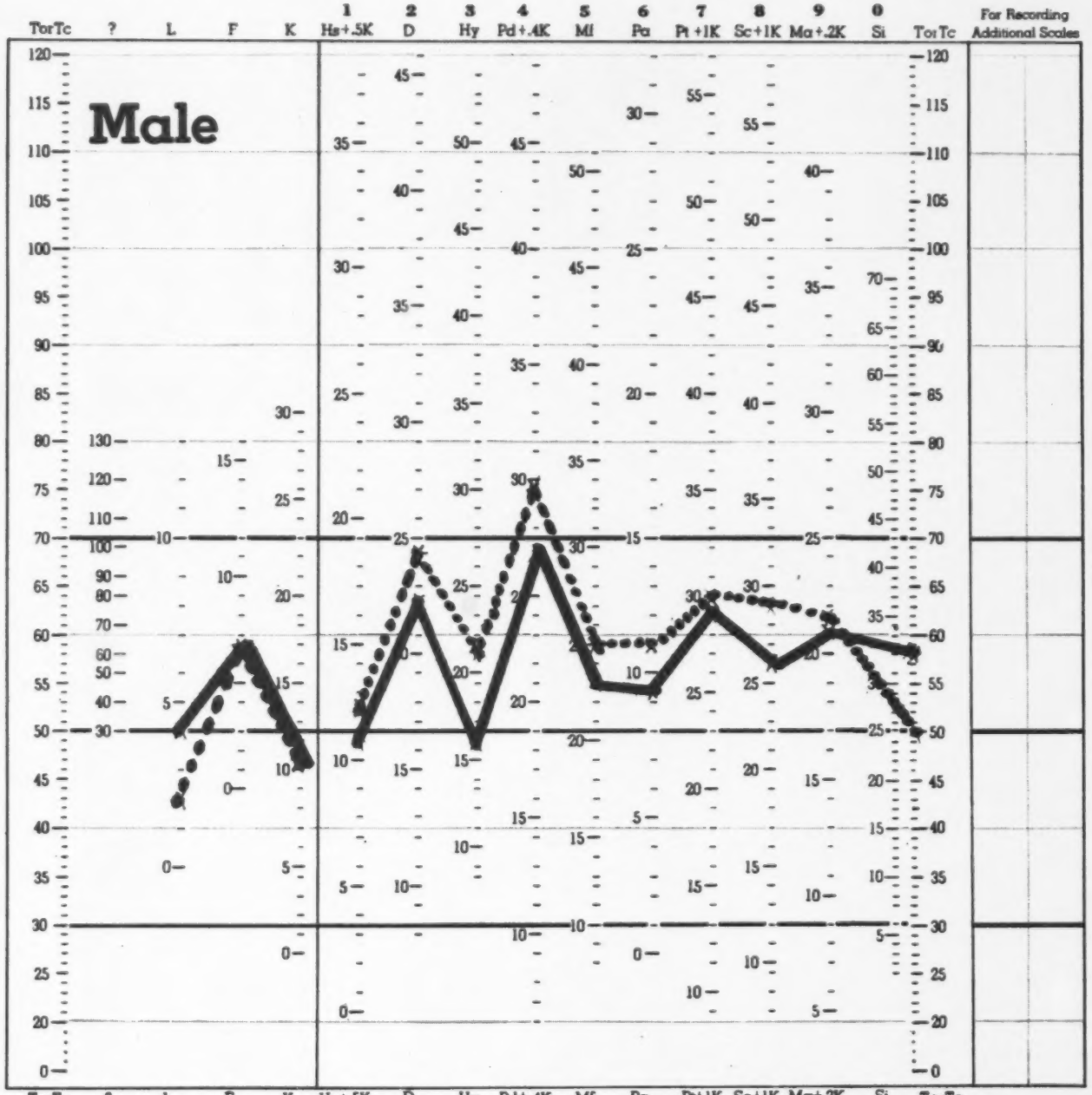
Address_____

Occupation_____ Date Tested_____

Education_____ Age_____

Marital Status_____ Referred by_____

NOTES



Fractions of K			
K	.5	.4	.2
30	15	12	6
29	15	12	6
28	14	11	6
27	14	11	5
26	13	10	5
25	13	10	5
24	12	10	5
23	12	9	5
22	11	9	4
21	11	8	4
20	10	8	4
19	10	8	4
18	9	7	4
17	9	7	3
16	8	6	3
15	8	6	3
14	7	6	3
13	7	5	3
12	6	5	2
11	6	4	2
10	5	4	2
9	5	4	2
8	4	3	2
7	4	3	1
6	3	2	1
5	3	2	1
4	2	2	1
3	2	2	1
2	1	1	0
1	1	1	0
0	0	0	0

INDIAN ——— N = 23

WHITE - - - - - - N = 22

MEDIAN PROFILE

	TorTc	?	L	F	K	Hs+.5K	D	Hy	Pd+.4K	Mf	Pa	Pt+1K	Sc+1K	Ma+.2K	Si	TorTc
						1	2	3	4	5	6	7	8	9	0	
Raw Score																
K to be added																
Raw Score with K																

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The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Charnley McKinley

Scorer's Initials _____

Name _____ ___

Address _____

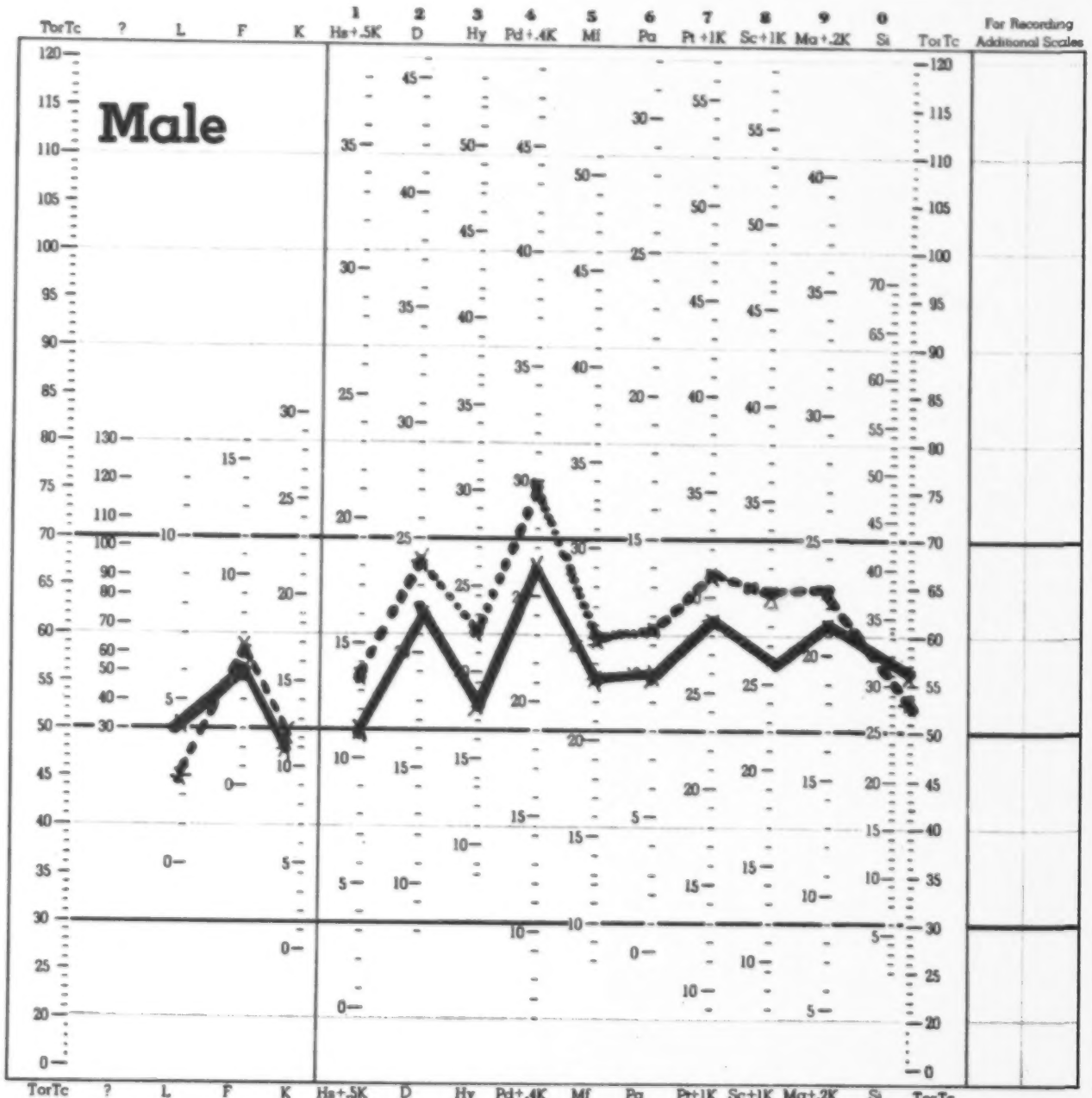
Occupation _____ Date Tested _____

Education _____ Age _____

Marital Status _____ Referred by _____

NOTES

M
Male



Fractions of K			
K	.5	.4	.2
30	15	12	6
29	15	12	6
28	14	11	6
27	14	11	5
26	13	10	5
25	13	10	5
24	12	10	5
23	12	9	5
22	11	9	4
21	11	8	4
20	10	8	4
19	10	8	4
18	9	7	4
17	9	7	3
16	8	6	3
15	8	6	3
14	7	6	3
13	7	5	3
12	6	5	2
11	6	4	2
10	5	4	2
9	5	4	2
8	4	3	2
7	4	3	1
6	3	2	1
5	3	2	1
4	2	2	1
3	2	2	1
2	1	1	0
1	1	1	0
0	0	0	0

INDIAN — ——— N=23

WHITE — - - - - - N=22

MEAN PROFILE

	TorTc	?	L	F	K	Hs+.5K 1	D 2	Hy 3	Pd+.4K 4	Mf 5	Pa 6	Pt+1K 7	Sc+1K 8	Ma+.2K 9	Si 0	TorTc
Raw Score																
K to be added																
Raw Score with K																

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Signature _____ Date _____

White sample than for the Indian sample might indicate a generally more agitated state or feeling of helplessness in the White sample; the validating scores on the mean profile lend slight support to this idea. The lower overall Indian profile might be an artifact of the cultural disparity of the MMPI questions.

In general, the similarity of the profiles discourages any speculation that the reason for failure of therapeutic methods lies in the Indian's attitude towards his drinking problem.

A Review of Prevailing Theories

As noted earlier, the theory of genetic transference of susceptibility to alcohol is in disfavor. This is an issue which probably will never be resolved, since the methodological problems are enormous.

Jellinek commented in lectures as far back as 1944 on a function of alcohol as an aggression-releasing entity in primitive societies. In a lecture given at Yale University in 1944, Donald Horton commented at length on the use of alcohol in primitive societies as serving an aggression-releasing function. He suggested that the ceremonial context of drinking in southwestern Indian society served as a highly controlled release of aggression and sexual impulse. The control was accomplished by restricting drinking occasions to ceremonial situations where women had been excluded and weapons put away--thereby making it safe to drink to a high degree of intoxication without causing any serious physical or social disruption.

The references to the functional use of alcohol in relation to release of aggression occurs in almost all of the articles on Indian drinking which were done in the 1940's and 1950's, so much so that one suspects that some of the authors began their research with a "set" towards this theory.

Dizmang hypothesized that the Cheyennes use alcohol as a means of dissolving unmanageable aggression, but stated that the alcohol only delayed the aggressor, thus forcing the individual to use it again and again until the individual died from one of these chronic or accidental implications of

alcohol.[11]

Other authors have made reference to intoxication providing an excuse for the release of hostility. Whittaker, in his studies of the Sioux, commented that aggressive behavior in that population was virtually unknown among non-drinkers, but frequently associated with drunkedness. Social sanctions against the drinker did not exist and drunken misbehavior was excused.[12]

In his article on the Salish Indians, Lemert suggests that some of the symptoms of drunkenness were exaggerated, apparently to provide an excuse for behavior such as aggression,which would not be condoned if the individual were sober. He commented that these individuals were able to make a quick transition to sober behavior when necessary.[13]

If this deliberate exaggeration of drunken symptoms were a commonly used adaptive social mechanism, it would provide an explanation other than physiological for observations by some Whites that "Indians cannot hold their liquor."

Nancy Lurie suggests a rather deliberate functionalism. She says that when alcohol was first introduced to American Indians they, rather than adopting European customs in regard to drinking, immediately instituted their own social patterns for their own reasons. She suggests that the Indian used drunkenness as a socially acceptable way around cherished but sometimes impossibly demanding conventions without giving them up entirely. She asserts that Indians use drinking as a validation of "Indianness," and that the Indian is trying to say, "I am more genuinely or more truly Indian than you are." She also hypothesizes that, with pressures upon Indian individuals and communities to phase out culturally and socially, drinking remains one way of symbolizing and maintaining the Indian-White barrier.[14]

Berreman, in his study of the Aleuts notes as did Lemert, that the degree of intoxication at drinking celebrations is often less than it appears to be, and that the drinking occasion has some characteristics of a socially sanctioned moral holiday.[15]

This idea of the drinking spree as a sociologically functional episode, sanctioning immoral behavior and aggression loses significance as a culturally discriminating factor, when one considers that New Year's Eve Parties serve the same function in White American society.

The aggression theories are interesting, but there is a lack of any supportive empirical evidence in any of these studies. Self-reports contain such remarks as, "I only fight when I'm drunk," and ethnographers remark that aggression occurs much more frequently in drinking situations, but these same remarks could be made within the context of almost any culture. There is no evidence in the Workhouse data to support the contention that Indians are any more aggressive in drinking situations than are members of other cultures.

The idea that Indians may respond differently than Whites to alcohol because of a different system of internalized values or internal and external modes of control provides a base for some interesting speculation, although no empirical evidence has been provided to support the idea. (And in our limited MMPI data, there is a specific lack of support).

In The Ramparts We Guard, MacIver said:

> The anomic man lives on a thin line of sensation between no future and no past...a state of mind in which the individual's sense of social cohesion--the mainspring of morale--is broken or fatally weakened...anomy is an extreme form of egoism...the fulfillment of a process of desocialization, the retreat of an individual into his own ego.[16]

This quote from MacIver aptly symbolizes the kind of alienation experienced by the practicing alcoholic. If anomy is really the fulfillment of a process of desocialization, then the end result of the desocialization process which the Indian constantly faces would be an anomic population. Lack of reference to the social environment would account for our inability to utilize any social rewards or sanctions as effective modifiers of behavior when working with the Indian population.

In an article on Navajo drinking, Savard suggests that the Navajo system of individual control is based on shame, not guilt.[17] Behavior modification, therefore, depends more on peer group opinions and feedback than on internalized values. This woul help account for the apparent ease with which the Indian client sometimes returns to drinking even though there had been expressed motivation for abstinence. His drinking response would be more easily elicited by the coaxing or castigation of his immediate peer group than the non-drinking response would be elicited by values supposedly inculcated during the therapeutic sequence.

Dozier states that drinking serves an anxiety releasing function, as a replacement for social and religious anxiety reducing mechanism which have been destroyed through the desocialization process. He classifies Alcoholics Anonymous and psychotherapy as being too individual-oriented to supply the missing group elements and feels that these two modes of treatment are too Anglo-American in orientation.[18]

Dizmang alluded briefly to the conflict in wanting to leave the reservation while feeling guilty about "desertion."[19] This same sort of conflict is often expressed by alcoholics of all cultures regarding situations where they intellectually reject values instilled in childhood, but emotionally feel guilty about doing so. This value conflict, and its concomitant guilt, have been exhibited by many of the Indian clients with whom I have worked.

Many researchers have commented on the inability of the alcoholic personality in all cultures to withstand even momentary stress or discomfort. The hypothesis is that the tendency toward immediate release from stress or gratification of desire is so predominant in the personality that the person takes a drink to alleviate immediate discomfort even though he knows that the end result will be a resumption of his old drinking patterns and eventual results which are a great deal worse than the original stress ever could have been.

This same inability to postpone immediate gratification for later benefit supposedly exists in socio-economically deprived cultures. If this is a true attitudinal difference between socio-economic groups, it might make the

urban Indian, who in most cases is forced into the lower socio-economic condition, more susceptible to that aspect of alcoholism.

Of the authors I have reviewed, only Lurie seems to single out the conflict between Indian and White cultures as the primary area to be considered as a cause of alcoholism and she provides no empirical evidence. From a review of the literature, from personal experience in working with Indian clients and from the meager data that are available, I would suggest that this is the main area to be considered. If this hypothesis is correct, one would be likely to find the highest incidence of alcoholism among Indians who are in the closest confrontation with the dominant society. The task of rehabilitation and prevention, therefore, must be oriented towards providing alternatives to resolving conflicts in this area which are not as devastating to the individual and the culture as is the use of alcohol.

The Workhouse data, which show unexpected similarity between Indian and White samples in many areas, and the educational and occupational data in this study, lend support to the hypothesis that the Indian who is, because of educational and occupational achievement, more frequently thrown into situations which demand a choice between White and Indian values, is more likely to become a problem drinker. While I do not have data on problem drinking on Minnesota reservations, it is the expressed opinion of most of my informants that pathological drinking is more evident in the urban situation than on the reservation. If this is true, it also would support the contention that closer contact with the conflicting society causes a higher rate of problem drinking.

Recommendations

Perhaps the best place to begin to improve this situation is to stop putting Indian alcoholics (or for that matter, all alcoholics) in jail. It seems that nearly everyone except the court system realizes that jailing the alcoholic is an inhumane, expensive, and totally ineffective procedure. What perhaps has not been considered is that the present system of arresting and jailing drunks may actually be encouraging some of them in thier alcoholism.

Rubington suggested that jail might supply regular repeaters with a status situation which is not available to them on the outside.[20]

We often see evidence of this in our own courtroom process. The chronic offender is greeted by jail personnel on a first-name basis. The people he deals with on his way to the courtroom have given up on rehabilitating him, so they are completely non-judgmental about his condition--he is therefore subject to less social pressure to reform within the court system than he is on the outside, where at least some of his peers look askance at his deviant behavior. At the Workhouse, he is recognized by the staff, and may even be assigned one of the more desirable jobs since he has been there so often that he has learned by experience how to manipulate the system. To a man who, on the outside, does not have a place to eat or sleep and feels like a "non-person" it may be a comparatively rewarding experience to be supplied with the physical comforts and supportive interaction which occurs within the Workhouse. In this context, it would not be inconceivable that arrests are consciously or unconsciously sought.

The obvious alternative to incarceration is, of course, voluntary or enforced exposure to a treatment program of some sort. The Workhouse has accomplished this on occasion, but there seems to be no reason for the intermediate stay at the Workhouse between arrest and rehabilitation except for detoxification purposes. Detoxification could be much more adequately carried out in a medical setting than at the Workhouse.

Currently available treatment facilities have been almost totally unsuccessful in working with the Indian client. It is unlikely that changes which would benefit the Indian client could be implemented within the framework of these existing facilities, even assuming that the staff and the other clients of these facilities were willing to go along with suggested changes. The Alcoholics Anonymous program has not provided a framework within which the ordinary Indian problem drinker is able to maintain sobriety. This is not an indictment of A.A., but a statement of fact. Current treatment modalities and A.A. are simply not very relevant to the Indian drinking problem as it exists within the cultural conflict to which he is constantly exposed. We should, therefore, forget about trying to use traditional treatment modalities

to help Indian problem drinkers. We have been trying to motivate Indian clients, or rather have been trying to get them to respond to factors which are motivational to the White client, when these factors may be completely irrelevant within the context of the Indian culture, or may be so grossly outweighed by the functional benefits of drinking within that culture, that we should have no reason whatsoever to expect them to operate as positive therapeutic factors.

The ideal answer to this problem would be to "create" an alcoholism recovery program which would serve the same function for the Indian population as A.A. does for the White population. In order to do this, one should carefully analyze the areas in which traditional therapeutic methods have not successfully functioned with the Indian population, attempt to determine why they have not been successful, and then attempt to construct viable dynamic constructs which would serve the same functions for the Indian community that traditional therapeutic methods have served for the White culture. Such a program will have to provide a framework within which Indians can find a non-drinking method of asserting their Indianness.

While existing rehabilitation facilities should be open to those Indian persons who wish to make use of them, there should be an all-Indian rehabilitation facility available. Ideally such a facility would be staffed by recovered Indian alcoholics, but it is much more important that they be Indian, than recovered alcoholics.

There are several reasons why such a rehabilitation facility should be all-Indian. A great portion of the rehabilitation of the alcoholic is accomplished by the feedback which he receives from his peer group in a rehabilitation setting. The alcoholic begins to see his own disease reflected in persons who merit his respect in other facets of their personality. When he was drinking, he had convinced himself that no one who was not a moral leper had the same deviant behavioural pattern that he did. In the therapeutic setting, he finds that other people, whom he has come to respect, did the same "awful" things, and so he begins to view the deviancy as a disease manifestation in an otherwise healthy person. If the Indian client is thrust into a therapeutic situation where he is unable to establish a close primary group relationship with his peers because of the race difference, he is robbed of this

important element of the rehabilitative process. If he does attempt to interact successfully, he is faced with trying to resolve the cultural conflict problem at the same time he is trying to resolve the conflict in his self-image which is brought on by the alcoholic behavioral pattern. This double problem simply places too great a stress upon his adjustive capacities, so he is not successful in either area.

Perhaps even more important, if we accept the premise that it is the conflict with the dominant society that is the primary problem, we are putting the Indian client into a situation which actually aggravates his problem rather than alleviating it. As Lurie suggests, "Well-intentioned workers who seek to deal with Indian drinking by improving material welfare often seem to employ methods which make Indians even more anxious about what may be the basic cause of their drinking, threats to their Indianness."

It is obvious from the content of this paper that there are numerous hypotheses to be considered and researched. The problem is too serious and too critical to await the results of further research. An effort must therefore be started now to provide more effective therapy for Indian clients than that which has been provided by existing facilities.

ONE FACT IS GLARINGLY EVIDENT--PRESENT METHODS ARE TOTALLY INEFFECTIVE.

We cannto expect the Indian client to deal effectively with his drinking problem in an environment which he may feel is alien and threatening. Imagine how many of our White clients would achieve sobriety if their only avenue of treatment would be to travel to the White Earth Reservation and seek help at an institution where they would be the only White client among 30 Indians.

A treatment center staffed completely by Indians and treating only Indian clients would provide a framework where the Indian alcoholic could deal with his drinking problem without being forced to try to resolve his cultural conflict problem at the same time. Such a center must be established in this metropolitan area before we can begin to deal effectively with the problem of Indian alcoholism.

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[7]Drilling, L.A. et.al., op.cit.

[8]The Court Screening Committee serves the Minneapolis municipal court system by interviewing each drunk arrest, attempting to encourage those who have apparent drinking problems to seek treatment, and making recommendation to the judge as to what kind of sentence might be most likely to motivate the arrested person to seek treatment.

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